



**DELAWARE HEALTH  
AND SOCIAL SERVICES**  
Division of Public Health

OFFICE OF VITAL STATISTICS  
JESSE S. COOPER BLDG. • FEDERAL & WATER STREETS • P.O. BOX 637 • DOVER,  
DELAWARE 19903 • TELEPHONE (302) 744-4549  
**WWW.VITALCHEK.COM**

## Application for a Certified Copy of a Delaware Marriage Certificate

**Please print and complete all items requested below as accurately as possible.**

Wife on Marriage Certificate \_\_\_\_\_  
First Name Middle Name (Maiden Name)  
Date of Birth of Wife \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Husband on Marriage Certificate \_\_\_\_\_  
First Name Middle Name Last Name  
Date of Birth of Husband \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Marriage \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The Marriage certificate is for (please check one box)

- |                                       |                                                                                                                                                    |                                                                  |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1. <input type="checkbox"/> Myself    | 4. <input type="checkbox"/> I am the Legal Guardian                                                                                                | 6. <input type="checkbox"/> Genealogy<br><b>(proof required)</b> |
| 2. <input type="checkbox"/> My Child  | 5. <input type="checkbox"/> I am the Authorized agent, attorney<br>or legal representative of the<br>Person listed in 1-6. <b>(proof required)</b> |                                                                  |
| 3. <input type="checkbox"/> My Parent |                                                                                                                                                    |                                                                  |

My Name is : \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Number of copies requested:** \_\_\_\_\_

**Cost: 10.00 each** (if record is not located, fee will be retained for search).  
Make Checks or Money Orders payable to the "Office of Vital Statistics"

**CREDIT CARD ORDERS VIA THE INTERNET: WWW.VITALCHEK.COM**

**Please include a copy of your Official Valid Photo Identification (Drivers license, State ID or Work ID) Parents Identification needed for children.**

*I hereby certify that all the above information is true to the best of my knowledge. It is a felony violation of Delaware Law (16 Del.C. §3111) to make a false statement on this application or to unlawfully obtain a certified copy of a Marriage certificate.*

Signature of person applying for certificate \_\_\_\_\_

\_\_\_\_\_ Date

(\_\_\_\_\_) \_\_\_\_\_  
Daytime telephone Number

\_\_\_\_\_  
Identification (for office use only)